Provider Complaint & Appeal Summary Report

20130531

Health Plan ID:2162934Health Plan Name:LaCareHealth Plan Contact:xxxContact Email:xxxReport Period Start Date:20130501

Report Period End Date:

BAYOU HEALTH Reporting

Document ID: PI182

Document Name: PROVIDER COMPLAINT & APPEAL SUMMARY REPORT

Reporting Frequency: Monthly

Report Due Date: 15th of the month following end of reporting period

File Type: Excel
Subject Matter: Informatics (I)

Summary of	By Health	Ву				
Appeal Decisions	Plan	Arbitration				
Total # Decisions	0	0				
% Upheld	31%	0				
% Overturned	69%	0				
% Withdrawn	0	0				

Reporting Period	COMPLAINT STATUS	Total # of Provider Complaints	# of COMPLAINTS by ISSUE CATEGORY					# Complaints Pending or	# Complaints Pending or		By Appeal Type			# Appeals Pending or		
			Claims / Payments	Covered Services	PAs/Referrals	PCP Auto-Assign/ Linkages	Provider Registry/ Directory	Lack of Information /Response	Other	_	Closed >90 Days Post File	Total Provide Appeals	Pre-Service Denial	Payment Denial		Closed >90
	Received this Month	1264	1219	2	1	0	0	12	30			27	27			
	Total Closed this Month	1159	1118	1	1	0	0	9	30	1	0	29	29		0	0
	Withdrawn by Provider															
	Per Internal Plan Action/Decision	1159	1118	1	1	0	0	9	30	1	0	29	29		0	0
	Per Independent Arbitration															
	Per DHH Review															
May-2013	Other (Review determined not a complaint)															
	Total Pending (cumulative as of month end)	118	114	1	0	0	0	3	C	2	0	1	1		0	0
	Information needed from Provider															
	Internal Plan Review	118	114	1	0	0	0	3	0	2	0	1	1		0	0
	Independent Arbitration															
	DHH Review															
	Other (Review determined not a complaint)															
	Total Complaints Received YTD	4977	4731	7	16	0	3	18	202			93	93			
	Total Closed YTD	4941	4695	6	17	0	5	15	203	15	0	92	92		0	0
2013	Withdrawn by Provider															
Year to Date (YTD)	Per Internal Plan Decision/Correction	4941	4695	6	17	0	5	15	203	15	0	92	92		0	0
	Per Independent Arbitration															
	Per DHH Decision															
	Other (Review determined not a complaint)															

¹You must submit Attachment 1 - Complaint Summary Listing detailing all pending or closed (A1) complaints not resolved within 30 to 90 days

²You must submit Attachment 2 - Appeal Summary Listing detailing all pending or closed (A1) appeals not resolved within 30 to 90 days.

PI 182 - Attachment 1: Summary listing of Complaints Pending or Closed in Current Reporting Month that were closed 30 to 90 or more days after Original Date Filed

Health Plan Name: LaCare
Reporting Period: May-2013

Status Category Codes						
Pending Closed						
P1-Information needed from Provider	C1-Withdrawn by Provider					
P2-Internal Plan Review	C2-Per Internal Plan Action/Decision					
P3-Per Independent Arbitration	C3-Per Independent Arbitration					
P4-Referred to DHH	C4-Per DHH Review					
P5-Other	C5-Other					

Date Filed (YYYYMMDD)	Name of Person Filing Complaint	Organization	Summary of Complaint	Summary of Attempts to Resolve Complaint	Date Closed (YYYYMMDD)	# of Days Pending or to Close	Status Category
20130423	Wanda	FOLGAR, ROSA D.	Claims / Payments	Provider in Credentialing Process		39	P2
20130424	Nikki	MARISTANY, MICHAEL L.	Claims / Payments	Provider Agreement Update	29-May-13	35	C2
20130501	Susan	SORRELLS, KELLY S.	Claims / Payments	Claim will be denied		33	P2
			1				
				1			